

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

0061819

DOCUMENT # **N23119**

1. Entity Name

**ROCKY SPRINGS UNITED METHODIST CHURCH, INC.**

02-24-2002 90039 001 \*\*\*\*61.25

Principal Place of Business C/O G.F. RYKARD, JR. <del>RT 4 BOX 2020</del> <b>RT 4, Box 8050</b> MADISON FL 32340	Mailing Address C/O G.F. RYKARD, JR. <del>RT 4 BOX 2020</del> <b>RT 4, Box 8050</b> MADISON FL 32340
Principal Place of Business <b>RT 4 Box 8050</b> C/O G.F. Rykard Madison, Fla	3. Mailing Address
Suite, Apt. #, etc. <b>32340</b>	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RYKARD, G.F., JR. <del>RT 4 BOX 2020</del> <b>RT 4, Box 8050</b> MADISON FL 32340		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>RYKARD, G.F., JR.</b> <del>RT 4 BOX 2020</del> <b>RT 4, Box 8050</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>DAVIS, W. EUGENE</b> <b>RT. 4 BOX 1575</b> <b>MADISON FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>WILLIS, IDA</b> <b>RT 3 BOX 88</b> <b>MADISON FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>WILLIS, LINTON</b> <b>RT. 3 BOX 88</b> <b>MADISON FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *G.F. Rykard* **SIGNATURE REQUIRED** 1-20-02 850-973-6804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR02037 (9/01)